

Volunteer State House Tour Guide Application



Date: _____

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone: _____ Email: _____

List any previous volunteer experience: _____

Please tell us what are your needs and expectations as a volunteer: _____

Languages other than English that you speak fluently: _____

When can you begin? _____

How many hours a week can you volunteer? _____

Shifts available:

___ Monday 9 a.m. to Noon ___ Thursday 9 a.m. to Noon

___ Monday 12 p.m. to 3 p.m. ___ Friday 9 a.m. to Noon

___ Tuesday 9 a.m. to Noon ___ Friday 12 p.m. to 3 p.m.

___ Wednesday 9 a.m. to Noon

Duration of commitment: From _____ to _____ (month/day/year)

Emergency Contact Name: _____

Phone: _____ Relationship: _____

Comments: _____

Please fax or mail this form to:

Public Information Division, Room 38, State House, Providence, RI 02903 - Phone: (401) 222-3983 - Fax: (401) 222-1404